

ANDREW M. CUOMO Governor

ROSE HARVEY
Commissioner

June 20, 2016

Via Email and Regular Mail

Lisa Kim Pelcyger Ground Water Compliance Section, USEPA 290 Broadway, 20<sup>th</sup> Floor New York, NY 10007-1866 Email: kim.lisa@epa.gov

Re:

USEPA SDWA-UIC-IR-14-001 Pre-Closure Forms for 3 NYS Parks

Dear Ms. Pelcyger:

The NYS Office of Parks, Recreation and Historic Preservation (NYSOPRHP) is continuing its efforts to bring its State Parks into compliance with the Environmental Protection Agency (USEPA) UIC requirements. Attached please fine "Class V Well Pre-Closure Notification" forms for the following three Long Island Region State Parks:

Orient Beach State Park
Planting Fields Arboretum State Historic Park
Montauk Downs State Park

These are the final three Long Island Region State Parks that require submittal of pre-closure forms.

The pre-closure forms are being submitted for large capacity cesspool systems, and large capacity septic systems considered beyond reasonable repair, involving non-contaminated sanitary waste only . The number of wells shown on the forms is our best estimate of the number of cesspools and their associated leaching pools obtained from the available plans and/or site inspections. Please note that large capacity septic tanks in poor condition functioning as cesspools are included (along with their associated leaching pools) in the total number of wells.

During the engineering design to close the subject wells and replace them, detailed surveys will provide more accurate information. The EPA Region 2 guidance for closure of Class V Wells including

submittal of closure plans (before well closure) and a final closure report after the wells have been closed will be prepared and submitted as part of the engineering design and construction process.

Very truly yours,

Scott Fish

Capital Facilities Regional Manager II, NYSOPRHP

cc: Paul J. Laudato, General Counsel, NYSOPRHP (via email)

Kathleen L. Martens, Supervising Attorney NYSOPRHP (via email)

Gregory T. Greene, Cashin Associates, P.C. Thomas LaGuardia, PE, Cashin Associates, P.C.

Wann-Joe Sun, DEC

### **United States Environmental Protection Agency**

**UIC Federal Reporting System** 

# **Class V Well Pre-Closure Notification Form**

1.	Name of facility: Orient Beach State Park  Address of facility: Route 25								
	City/Town: Orient County: Suffolk	Location: 41.1535833	_ Lat./Long.: 72.2451166						
2.	Name of Owner/Operator: New York State Of Address of Owner/Operator: P.O. Box 247	ffice of Parks Recreation and	Historic Preservation						
	City/Town:Babylon	State: New York	Zip Code:						
	Legal contact: Scott Fish, PE	Phone number:	631-321-3533						
3.	Type of well(s): 5W10	v .	Number of well(s): 5						
	Well construction (check all that apply):								
	Drywell Septic tank								
	Improved sinkhole      Drainfield/leachfi	ield 🗆 Other							
5.	Type of discharge:Sanitary Waste								
6.	Average flow (gallons/day):	Average flow (gallons/day): 11,000 7. Year of well construction: unknown-varies							
8.	Type of well closure (check all that apply):								
	Sample fluids/sediments	ample fluids/sediments							
X	Appropiate disposal of remaining fluids/sedimen	its 🗆	Install permanent plug						
X	Remove well & any contaminated soil	Conversion to ot	her well type						
X	Other (describe):Install new septic tanks	systems							
9.	Proposed date of well closure: On or before	12/18							
10	.Name of preparer: Scott Fish, PE	Date: 6/20,	/16						
Totalian of property.									
Certification  I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32).									
Na S	me and Official Title ( <i>Please type or print</i> ) cott Fish, PE, Capital Facilities Regiona	Signature	Date Signed						

EPA Form 7520-17

#### **United States Environmental Protection Agency**

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## **Class V Well Pre-Closure Notification Form**

			-						
1.	Name of facility: Montauk Downs State Park  Address of facility: 50 South Fairview Avenue								
2.	City/Town:Montauk S  County:Suffolk L  Name of Owner/Operator:New York State Off  Address of Owner/Operator:P.0. Box 247	ocation:	41. Par	0536916	Lat./Long.: 71.935919				
	City/Town: Babylon St Legal contact: Scott Fish, PE				•				
3.	Type of well(s):5W10				Number of well(s): 1				
	Well construction (check all that apply):								
	Drywell   Septic tank			☑ Cesspool					
	☐ Improved sinkhole ☐ Drainfield/leachfield ☐ Other								
5.	Type of discharge: <u>Sanitary Waste</u>	4							
6.	5. Average flow (gallons/day):2,500 7. Year of well construction:Unknown								
	3. Type of well closure (check all that apply):								
	Sample fluids/sediments			V Clean out well					
				X Clean out well					
1,	Appropriate disposal of remaining fluids/sediments				Install permanent plug				
	Remove well & any contaminated soil			Conversion to ot	her well type				
	Other (describe):Install new septic tanks s								
9.	Proposed date of well closure:On or before 12	/18							
10.Name of preparer: Scott Fish, PE Date: 6/20/16									
Certification									
I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32).									
Nan Sco	me and Official Title ( <i>Please type or print</i> ) ott Fish, PE, Capital Facilities Regional Manager	Signatu	ire		Date Signed				

### **United States Environmental Protection Agency**

**UIC Federal Reporting System** 

### **Class V Well Pre-Closure Notification Form**

1.	Name of facility: Planting Fields Arboretum State Historic Park  Address of facility: 1395 Planting Fields Road									
	City/Town: Oyster Bay	State: New Yo	rk	Zip Code:						
	County: Stiffolk	Location: 40.867	444	Lat./Long.: 73.552825						
2.	Name of Owner/Operator: New York State Office of Parks Recreation and Historic Preservation									
	Address of Owner/Operator: P.O. Box 247									
	City/Town: _Babylon	State: new Yor	k	Zip Code:						
	Legal contact: Scott Fish, PE		Phone number:	631-321-3533						
3.	Type of well(s):5W10			Number of well(s): _5						
4.	Well construction (check all that apply):									
	Drywell X Septic tank	<u> </u>	Cesspool							
	☐ Improved sinkhole ☐ Drainfield/leachfield ☐ Other									
5.	Type of discharge:Sanitary Waste									
6	Annual florida Annual A									
	Average flow (gallons/day): 21.000 7. Year of well construction: Unknown-varies  Type of well closure (check all that apply):									
	Sample fluids/sediments		Clean out well							
	Appropriate disposal of remaining fluids/sediments	_		Install permanent plug						
	Remove well & any contaminated soil	_	Conversion to ot							
	Other (describe):Install new septic tanks		Conversion to ou	ner wen type						
	Proposed date of well closure: On or before	,								
	Name of preparer: Scott Fish, PE		Date: 6/20/1	.6						
Certification  I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32).										
	ne and Official Title ( <i>Please type or print</i> ) tt Fish, PE, Captial Facilities Regional	Signature		Date Signed						

EPA Form 7520-17

Manager